

Substance Use Disorder Juvenile Justice Service Delivery System

Project: Substance Use Disorder Juvenile Justice Service Delivery System

Eligible Participants:	Counties and Tribes who have submitted an acceptable District or Reservation wide plan for providing SUD services within the limits established by ICOSA (Behavioral Health Cooperative) participating agencies; within established administrative (IDAPA) rules and within the guidelines provided below
Funding Source:	State General Funds for Juvenile Justice Involved Youth
Program Purpose Area:	Community Based Substance Use Disorder Assessment, Treatment and Support Services
Total Budget:	Appropriated State General Funds in the amount of \$4,032,000 minus funds needed to cover the year end treatment costs for the target population; Authorization amounts based upon juvenile population
Target Population:	<p>Juvenile Justice involved youth with or without 20 - 520 (i) orders who are not excluded by the following conditions:</p> <ol style="list-style-type: none">1) Involved in drug or other problem solving courts administered by the State Court system;2) Eligible to be served through the ATR grants administered by IDHW; and <p><u>NOTE:</u> Medicaid eligible youth will have to be served by Medicaid approved providers in order to access federal funds; these JJ funds will provide the required 30% state match</p>
Project Period:	July 1, 2011 – June 30, 2012
Deadline for Plans:	June 15, 2011
Distribution of Funds:	Beginning July 1, 2011, based upon approved District Plans, spending authority and quarterly reimbursement of approved expenditures upon compliance with reporting and data collection requirements.
Reporting Requirements:	A standard packet of intake and authorization tools will be provided by IDJC and shall be utilized for each client to ensure expenditures are monitored carefully at the state level with payments based only on authorizations received from the District Board. The tools will ensure that standard data is collected to enhance system evaluation. Any expenditure of funds for goods or services provided outside of the BPA provider network must have been identified in the plan submitted and must utilize the same set of tools.
Attachments:	District Plan Guidelines Allocation of Funding by Juvenile Population Client Pathway Sample Intake Packet

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District Plan Guidelines

Overview:

The Idaho Department of Juvenile Corrections, in partnership with Idaho Counties and with the Behavioral Health Cooperative, is dedicating those funds appropriated to IDJC to serve juvenile justice involved youth with SUD needs, to support community-based SUD services for those juveniles. By passing these funds through to counties, to be administered locally through District Boards, this project is intended to provide timely screening, as well as professional level assessment, treatment and support services for juveniles established as needing SUD services but who do not require commitment to the Department. Providing appropriate services in the community has been established in research nationally as the best opportunity to ensure the safety of the community and to avoid the negative impacts of commitment to state custody.

Partnership with the judicial branch and with the other agencies on the Behavioral Health Cooperative and their contractors is both advantageous and necessary for this project to maximize the resources dedicated to service delivery rather than administrative costs. Partnership with counties will provide the best opportunity to identify and authorize appropriate levels of service for juveniles in the justice system who need SUD treatment and support. County juvenile justice personnel and managers are in the best position to prioritize the utilization of these very limited resources.

The existing contract with BPA to administer SUD services will be renegotiated to reflect the requirements of each of the Behavioral Health Cooperative agencies and their partners. The current contract provides a billing mechanism for services delivered by BPA provider network members and provides for development and maintenance of that provider network. These functions may be accessed by the county/IDJC system without having to commit limited funds to duplicate these administrative costs.

With respect to juveniles involved in the county/IDJC SUD system, BPA will be relieved of any responsibility to screen and determine priorities for clients. Counties through their respective District Boards will assume this full responsibility. **With that responsibility will also go the responsibility, with IDJC, for managing that system within the appropriation provided.**

In order to participate and to assure that required standards are met counties/districts that wish to participate in this project must submit a comprehensive plan for managing SUD services for the target population no later than June 15, 2011. IDJC's acceptance of the plan submitted will constitute the terms of an agreement for utilization of the funds planned for use in that county/district. The project period ends June 30, 2012. All financial and service tracking reconciliation must be completed by July 30, 2012.

District SUDS Plan Guidelines:

The IDJC District Liaisons are available to assist the counties/districts with development of a comprehensive SUD services plan.

A. Maximizing Funds

County/District plans for arranging and overseeing SUD treatment services for juveniles in the justice system must maximize the utilization of the appropriated funds for services and support for juveniles and their families.

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1. The plan should specifically address the strategies used to accomplish this objective and any administrative costs must be fully described and justified. Administrative costs that duplicate costs that are covered by the contract with BPA and treatment costs that do not maximize the use of other funding sources cannot be justified given the very limited funds available.
2. Counties/Districts are encouraged to use BPA network providers when possible in order to reduce the administrative costs of billing and data collection. However, if counties/districts can identify ways to use qualified providers to offer services at rates below those established in the BPA rate matrix, these opportunities should be fully described in the plan submitted. Standard intake and authorization tools will be required to ensure payment is approved for these providers.
3. Counties/Districts should consult with the judiciary to make specific plans to manage access to services funded through this source so as to avoid widening the net to the point that appropriated funding cannot cover the costs of providing the planned services. This includes managing the costs of services associated with 20 - 520 (i) orders. The department cannot supplement funding of this project from other sources.
4. It is imperative that the District Board established to oversee this project be empowered by the participating counties to make the hard decisions necessary about services available and about priorities for access to those services, including managing the lengths of stay within the various levels of service authorized.

B. Standards

The division of funding for SUD treatment services among several agencies does allow for some greater flexibility in providing those services. However, there are standards of best practice adopted by the Behavioral Health Cooperative agencies (ICSA) and there are state statutes and rules that must be maintained. At minimum the plan submitted by the counties/districts must assure that the following standards are met in all aspects of the proposed juvenile justice SUD service delivery system.

1. SUD screening and assessment of need to determine clinical eligibility for services and to build service plans must include use of the **GAIN** assessment and screening tools.
2. SUD treatment services at any level of care must be addressed within the context of a **comprehensive treatment plan** which at the least identifies and provides for necessary recovery support services.
3. SUD residential and non-residential treatment services must be delivered by providers verified as qualified by meeting established **IDHW licensing** and certification rules.
4. BPA network providers should be used if possible but in no case may the **cost of services** provided by a qualified provider not a part of the BPA network exceed the costs established in the BPA rate matrix. Lower costs may **not** be achieved by lowering the quality or frequency of the service.

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5. If BPA network providers are utilized to deliver services, the plan must include use of the standard tools to be transmitted electronically via secure email to BPA and IDJC to ensure payments by BPA are authorized by the District Board.

6. Providers employed by or contracted with the county/district or providers utilized outside of the BPA Network to provide SUD services for the target population may be **paid directly** if this arrangement was included in the plan submitted to IDJC and, in this case, intake and authorization tools shall be transmitted directly to IDJC for data collection purposes.

7. The plan submitted by the counties/district must plan to provide services within the **established levels of service**.

8. If the counties/district chooses to provide services outside of the BPA provider network, those services must include only those practices recognized as **evidence based** or best practice.

10. If the counties/district chooses to provide services outside of the BPA provider network the plan must include strategies to establish and verify that the provider meets all necessary qualifications and must include plans to monitor the **provider's performance**. Provider performance reports similar in scope to those provided by BPA must be available.

Allowable Costs and Activities:

Allowable costs must clearly relate to one or more of the Levels of Service outlined above or must constitute a service necessary to support recovery from SUD, such as transportation.

Unallowable Costs include:

Costs for prevention and other therapies and other services not directly related to the clients SUD are not covered under this funding stream.

Other Examples:

- Clothing and other Personal items including hygiene supplies
- Vehicle or equipment purchase
- Food and beverages
- Medications

C. District Accountability and Oversight Board

Please describe thoroughly who will be involved in the District Board overseeing the process and how that board will function to track and manage resources and expenditures as well as to determine service priorities and lengths of stay within the approved levels of service included in the SUD plan for the district.

Bylaws:

1. Members
2. Decision-making Protocol
3. Authority
4. Meeting Schedule
5. Problem-solving Protocol
6. Memorandum of Understanding signed by all counties/ others defined by Board
7. Other Operational Protocols

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D. Case Planning Outline

The plan submitted by the counties/district must specifically address how each of the following case management decision points will be managed for each county and a coordinated case plan developed and implemented. Standard intake, treatment authorization and discharge tools will be provided by IDJC.

INTAKE: Please describe how the proposed system will accomplish the following tasks.

1. Identify potential Clients: *Define any priorities within the Target Population*

2. Initial Screening:

*(1) Client Intake Form, (2) Release of Information; (3) Financial Eligibility Form
(4) Gain SS; (5) YLS/CMI or Similar Validated JJ Risk Assessment Tool*

3. Initial Assessment

Qualified Provider

*Service Authorization, Delivery
Payment Authorization
Payment to Provider*

4. Determine Level of Service &
Recovery Support Services (RSS) Needs

SERVICE COORDINATION: Please describe how the proposed system will accomplish the following tasks?

5. Service Plan including RSS needs Developed and Approved
Qualified Provider(s) Selected

6. Service Authorization

*Service Plan
Level of Service
Limits of Authorization (timeframe and cost)
Selected Providers (notice)
Format for Authorization (Voucher or other)*

7. Service Delivery

Qualified Provider(s)

8. Payment Authorization

*Documentation of Service
Payment to Provider*

9. Continuous Case management

*Progress in Treatment
Reporting to District Accountability Board*

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E. Treatment Resource Allocation Plan

Please complete the chart below to project the numbers of juveniles to be served at each level of care and the related allocation of funds.

Adolescent Level of Service	Rate Matrix*	Number of Clients		Medicaid 30% Match	Allocation of Funds
		Other JJ	520(i)		
Assessment	\$11.81/15 min.				
Case Management					
Clinical	\$12.86/15 min.				
Basic/ Intensive	\$11.81/15 min.				
Level 1 – Outpatient					
Educ.	\$3.94/15 min.				
Grp.	\$5.91/15 min.				
Indiv.	\$11.81/15 min.				
Level 2 – Intensive OP					
Educ.	\$3.94/15 min.				
Grp.	\$5.91/15 min.				
Indiv.	\$11.81/15 min				
Transitional Housing	\$136.50/day				
Safe & Sober Housing	\$ 70.00/day				
Residential	\$189.00/day				
Family Therapy	\$14.20/15 min.				
<u>Recovery Support Services</u>					
Transportation	\$ 1.11/mile				
Drug Testing	\$13.50 /test				
Life Skills Ed	\$2.50/15 min.				

* Please refer to the full Rate Matrix document for complete costs and limits on service.

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Performance Measures:

The following information, in addition to TEDS and NOMS information, must be reported by Counties/Tribes participating in this project on a quarterly basis to track progress on performance indicators:

1. **Treatment status** of each juvenile served during the quarter: Date treatment started, Level(s) of Service; # of days in treatment or service units provided, successful/unsuccessful completion of services paid by this program.
2. **Treatment outcome:** juvenile exhibiting the desired change as evidenced by days without use and days without subsequent adjudication.
3. **Supervision status** of juvenile: probation status, commitment to IDJC or other.
4. **Offense status:** juvenile arrested or seen by a court for a new delinquent offense (not probation violations)
5. **Risk Level:** pre-post YLS/CMI surveys.

Please also identify the individual(s) within the district who will be responsible for compiling and reporting this data.

Timelines:

Project Start Date:	July 1, 2011
End Date:	June 30, 2012 or Based on funding availability
Budget Period:	July 1, 2011 – June 30, 2012
Approval Process:	Allow 10 working days from the date the SUD district plan is received by IDJC for review and approval.

Reporting Dates: Reports are due as follows:

Financial and Progress Reports

<i>Due</i>	October 20	<i>For Reporting Period: July 15 – September 30</i>
<i>Due</i>	January 20	<i>For Reporting Period: October 1 – December 31</i>
<i>Due</i>	April 20	<i>For Reporting Period: January 1– March 31,</i>
<i>Due</i>	July 20	<i>For Reporting Period: April 1 – June 30</i>

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Special Conditions:

The Idaho Department of Juvenile Corrections, working closely with its county partners and with the Behavioral Health Cooperative, will reassess the SUD service delivery system and the initial distribution of funds/spending authority in January of 2012 in order to assure that funds for services to juveniles are being maximized. Continued funding for a district may be delayed if the necessary quarterly reports are not provided.

To maximize the benefits of the SUD Juvenile Justice Service Delivery System project, Counties/ District should notify IDJC with a Project Adjustment Request as soon as possible in the event that the plan for providing SUD services in the district requires modifications.

District plans must be approved by IDJC prior to start of services.

IDAHO DEPARTMENT OF JUVENILE CORRECTIONS, SUBSTANCE USE DISORDER FUNDS

SFY 2012 COUNTY DISTRIBUTIONS

ALLOCATED BY AGE 10-17 COUNTY POPULATION

District	County Name	Ages 10-17 Population Counts (2009 Update of 2000 Census)	% Ages 10-17 Population (2009 Update of 2000 Census)	SFY 2012 TOTAL APPROPRIATION (4 Qtrs)	7/11-9/11 Anticipated Quarterly Expenditure	10/11 - 12/11 Anticipated Quarterly Expenditure	1/12 - 3/12 Anticipated Quarterly Expenditure	4/12 - 6/12 Anticipated Quarterly Expenditure
1	Benewah	1,090	0.0061332	\$ 20,804	\$ 5,201	\$ 5,201	\$ 5,201	\$ 5,201
1	Bonner	4,227	0.0237843	\$ 80,684	\$ 20,171	\$ 20,171	\$ 20,171	\$ 20,171
1	Boundary	1,285	0.0072304	\$ 24,528	\$ 6,132	\$ 6,132	\$ 6,132	\$ 6,132
1	Kootenai	15,637	0.0879857	\$ 298,472	\$ 74,618	\$ 74,618	\$ 74,618	\$ 74,618
1	Shoshone	1,258	0.0070785	\$ 24,012	\$ 6,003	\$ 6,003	\$ 6,003	\$ 6,003
D 1	Subtotal			\$ 448,500	\$ 112,125	\$ 112,125	\$ 112,125	\$ 112,125
2	Clearwater	719	0.0040456	\$ 13,724	\$ 3,431	\$ 3,431	\$ 3,431	\$ 3,431
2	Idaho	1,580	0.0088903	\$ 30,160	\$ 7,540	\$ 7,540	\$ 7,540	\$ 7,540
2	Latah	2,854	0.0160588	\$ 54,476	\$ 13,619	\$ 13,619	\$ 13,619	\$ 13,619
2	Lewis	365	0.0020538	\$ 6,968	\$ 1,742	\$ 1,742	\$ 1,742	\$ 1,742
2	Nez Perce	3,916	0.0220344	\$ 74,748	\$ 18,687	\$ 18,687	\$ 18,687	\$ 18,687
D 2	Subtotal			\$ 180,076	\$ 45,019	\$ 45,019	\$ 45,019	\$ 45,019
3	Adams	329	0.0018512	\$ 6,280	\$ 1,570	\$ 1,570	\$ 1,570	\$ 1,570
3	Canyon	24,018	0.1351437	\$ 458,444	\$ 114,611	\$ 114,611	\$ 114,611	\$ 114,611
3	Gem	1,816	0.0102182	\$ 34,664	\$ 8,666	\$ 8,666	\$ 8,666	\$ 8,666
3	Owyhee	1,493	0.0084008	\$ 28,496	\$ 7,124	\$ 7,124	\$ 7,124	\$ 7,124
3	Payette	2,949	0.0165933	\$ 56,288	\$ 14,072	\$ 14,072	\$ 14,072	\$ 14,072
3	Washington	1,164	0.0065496	\$ 22,216	\$ 5,554	\$ 5,554	\$ 5,554	\$ 5,554
D 3	Subtotal			\$ 606,388	\$ 151,597	\$ 151,597	\$ 151,597	\$ 151,597
4	Ada	42,251	0.2377365	\$ 806,476	\$ 201,619	\$ 201,619	\$ 201,619	\$ 201,619
4	Boise	863	0.0048559	\$ 16,472	\$ 4,118	\$ 4,118	\$ 4,118	\$ 4,118
4	Elmore	2,861	0.0160982	\$ 54,608	\$ 13,652	\$ 13,652	\$ 13,652	\$ 13,652
4	Valley	837	0.0047096	\$ 15,976	\$ 3,994	\$ 3,994	\$ 3,994	\$ 3,994
D 4	Subtotal			\$ 893,532	\$ 223,383	\$ 223,383	\$ 223,383	\$ 223,383
5	Blaine	2,139	0.0120357	\$ 40,828	\$ 10,207	\$ 10,207	\$ 10,207	\$ 10,207
5	Camas	99	0.0005570	\$ 1,888	\$ 472	\$ 472	\$ 472	\$ 472
5	Cassia	3,016	0.0169703	\$ 57,568	\$ 14,392	\$ 14,392	\$ 14,392	\$ 14,392
5	Gooding	1,855	0.0104376	\$ 35,408	\$ 8,852	\$ 8,852	\$ 8,852	\$ 8,852
5	Jerome	2,683	0.0150966	\$ 51,212	\$ 12,803	\$ 12,803	\$ 12,803	\$ 12,803
5	Lincoln	667	0.0037531	\$ 12,732	\$ 3,183	\$ 3,183	\$ 3,183	\$ 3,183
5	Minidoka	2,580	0.0145171	\$ 49,244	\$ 12,311	\$ 12,311	\$ 12,311	\$ 12,311
5	Twin Falls	8,543	0.0480695	\$ 163,064	\$ 40,766	\$ 40,766	\$ 40,766	\$ 40,766
D 5	Subtotal			\$ 411,944	\$ 102,986	\$ 102,986	\$ 102,986	\$ 102,986
6	Bannock	8,653	0.0486884	\$ 165,164	\$ 41,291	\$ 41,291	\$ 41,291	\$ 41,291
6	Bear Lake	724	0.0040738	\$ 13,820	\$ 3,455	\$ 3,455	\$ 3,455	\$ 3,455
6	Caribou	860	0.0048390	\$ 16,416	\$ 4,104	\$ 4,104	\$ 4,104	\$ 4,104
6	Franklin	1,939	0.0109103	\$ 37,012	\$ 9,253	\$ 9,253	\$ 9,253	\$ 9,253
6	Oneida	556	0.0031285	\$ 10,612	\$ 2,653	\$ 2,653	\$ 2,653	\$ 2,653
6	Power	1,046	0.0058856	\$ 19,964	\$ 4,991	\$ 4,991	\$ 4,991	\$ 4,991
D 6	Subtotal			\$ 262,988	\$ 65,747	\$ 65,747	\$ 65,747	\$ 65,747
7	Bingham	6,435	0.0362082	\$ 122,828	\$ 30,707	\$ 30,707	\$ 30,707	\$ 30,707
7	Bonneville	12,566	0.0707059	\$ 239,856	\$ 59,964	\$ 59,964	\$ 59,964	\$ 59,964
7	Butte	351	0.0019750	\$ 6,700	\$ 1,675	\$ 1,675	\$ 1,675	\$ 1,675
7	Clark	138	0.0007765	\$ 2,636	\$ 659	\$ 659	\$ 659	\$ 659
7	Custer	436	0.0024533	\$ 8,324	\$ 2,081	\$ 2,081	\$ 2,081	\$ 2,081
7	Fremont	1,732	0.0097456	\$ 33,060	\$ 8,265	\$ 8,265	\$ 8,265	\$ 8,265
7	Jefferson	3,612	0.0203239	\$ 68,944	\$ 17,236	\$ 17,236	\$ 17,236	\$ 17,236
7	Lemhi	821	0.0046196	\$ 15,672	\$ 3,918	\$ 3,918	\$ 3,918	\$ 3,918
7	Madison	3,701	0.0208247	\$ 70,644	\$ 17,661	\$ 17,661	\$ 17,661	\$ 17,661
7	Teton	1,058	0.0059531	\$ 20,196	\$ 5,049	\$ 5,049	\$ 5,049	\$ 5,049
D 7	Subtotal			\$ 588,860	\$ 147,215	\$ 147,215	\$ 147,215	\$ 147,215
State Totals		177,722	100%	\$ 3,392,285	\$848,071	\$848,071	\$848,071	\$848,071

Distribution Detail

Total Appropriation	\$	4,032,000
Less Year End Expenditures	\$	262,795
Funds Available for FY2012	\$	3,769,205
Administration	5%	\$ 188,460
Tribal	5%	\$ 188,460
Counties	90%	\$ 3,392,285

Juvenile Justice S.U.D. Service Delivery System Consolidated Client Pathway

